

NOV 27 2012

FCC Mail Room

**Opal Crews Word of Life  
308 Dublin Circle  
Madison, AL 35758**

November 16, 2012

Office of the Secretary  
Federal Communications Commission  
Attention: Disability Rights Office, Room 3-B431  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: Case Identifier CGB-CC-0876:**

Dear Mr. Holberg,

I am once again writing to request that an exemption waiver be granted on my behalf with regards to the Closed Captioning rules set by the FCC. As I have explained in previous correspondence, I am NOT a church or organization. I am simply a housewife trying to share a message of hope. I do not solicit donations. People in my community have come to rely on my message of hope and I believe lives have been changed through my program which has aired in its current time period (6am Tuesday) on WAMY since 2005.

I will attempt to address the bullet points in your last letter.

- I have attached my personal bank statement. Again, I am not an organization. **I am requesting that my information receive "confidential treatment" as this is my personal information.** I have blacked out my social security number as well as account numbers. I just want to be sure that I am protected. Your cooperation is appreciated.
- I have included in print an email where we have sought closed captioning from a friend at a local university that has the equipment necessary to caption my program. He is familiar with my program and agreed to help by giving us his lowest possible rate to add closed captioning, \$100 per program. I have also made phone calls to local churches, universities, and have had friends research for me that indicate the cost to close caption a half hour program will cost me a minimum of \$200 for each program. In both of these scenarios, there will also be shipping &/or gas costs associated with captioning. Please keep in mind that the best estimate mentioned here will DOUBLE the cost of doing my work.

- I have sought sponsorship endorsements locally, to no avail. In these times, money is tight for all. The television station I air my program on has also attempted to help me find sponsors to help with the additional costs associated with closed captioning with no success.

For all of these reasons, I will not be able to continue to air my program if I am forced to add Closed Captioning. I cannot afford to DOUBLE the money I am spending. Please consider the good work I do for my community.

This is a "good will" gesture that I am called to do.

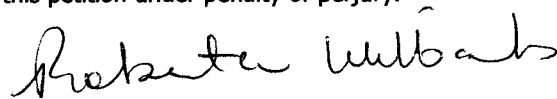
I plead that you will issue an exemption in this case.

With respect,



Mrs. Opal Crews

This petition has been written under oath and affirmed by a notary. The information in this correspondence is true and accurate. Mrs. Crew signature attests to the truthfulness and accuracy of the statements made in this petition under penalty of perjury.



commission expires 9/19/15



271-06-01-00 10206 10 C 001 02 55 002  
CALVIN D CREWS  
OPAL D CREWS  
308 DUBLIN CIR  
MADISON AL 35758-7415

## Your account statement

For 11/05/2012

## Contact us



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## ■ SENIOR CHECKING-MM

### Account summary

Your previous balance as of 10/05/2012	\$2,194.23
Checks	- 1,175.81
Other withdrawals, debits and service charges	- 807.15
Deposits, credits and interest	+ 1,997.00
Your new balance as of 11/05/2012	= \$2,208.27

Average Posted Balance in Statement Cycle \$1,929.00

### Checks

DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)
10/09	3829	18.76	10/22	3834	32.05	10/29	3839	240.00
10/11	3830	45.00	10/22	3835	250.00	11/05	3840	200.00
10/17	3831	90.00	10/22	3836~		11/05	*3843~	
10/09	3832	100.00	10/24	3837	100.00	11/05	3844~	
10/11	3833~		10/29	3838~		11/05	3845	100.00

\* indicates a skip in sequential check numbers above this item

~ indicates an electronically converted check. See "Other withdrawals, debits and service charges"

Total checks = \$1,175.81

### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
10/09	DEBITS MADISON UTILITIES XXXXXXXXXXXX6301	21.68
10/11	SERVICES ADS SECURITY, L. XXXXXXXXXXXX0147	20.00
10/11	CONVERTED CHECK - POP PURCHASE WAL-MART STORES 3833 MADI AL 3833	14.02
10/15	CONC.DEBIT HUNTSVILLE UTILI XXXXXXXXXXXX3039	323.01
10/22	CONVERTED CHECK - POP PURCHASE WAL-MART STORES 3836 HUNT AL 3836	96.44

continued

■ SENIOR CHECKING-MM [REDACTED] (continued)

DATE	DESCRIPTION	AMOUNT(\$)
10/29	CONVERTED CHECK - POP PURCHASE WAL-MART STORES 3838 HUNT AL 3838	60.94
10/30	10-28 DRAF KNOLOGY INC XXXXXXXXXXXX6738	131.83
11/05	CONVERTED CHECK - BOC CHECKPAYMT DILLARDS 03843 3843	93.15
11/05	CONVERTED CHECK - POP PURCHASE WAL-MART STORES 3844 HUNT AL 3844	46.08
Total other withdrawals, debits and service charges		= \$807.15

**Deposits, credits and interest**

DATE	DESCRIPTION	AMOUNT(\$)
10/17	XXSOC SEC SSA TREAS 310 XXXXXXXXXXXXASSA	497.00
11/01	COUNTER DEPOSIT	1,500.00
Total deposits, credits and interest		= \$1,997.00

[REDACTED]

### What You Need To Do

Use the 2011 statement on the reverse, with the Internal Revenue Service (IRS) Notice 703 below, to see if any of your Social Security benefits are

**Social Security Number**—shows the Social Security number of the person shown in Box 1, if we have the number.

**Box 3—"Benefits Paid in 2011"**—shows the total amount

2011 for earnings in a separate column.

**Box 4—"Benefits Repaid to SSA in 2011"**—shows the total amount of benefits you repaid us in 2011. We show items that apply to you in the

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2011

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name OPAL D CREWS		Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2011 \$6,916.80	Box 4. Benefits Repaid to SSA in 2011 NONE	Box 5. Net Benefits for 2011 (Box 3 minus Box 4) \$6,916.80	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or direct deposit \$5,760.00 Medicare Part B premiums deducted from your benefits \$1,156.80 Total Additions \$6,916.80 Benefits for 2011 \$6,916.80		<b>DESCRIPTION OF AMOUNT IN BOX 4</b> NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address OPAL D CREWS 308 DUBLIN CIR MADISON AL 35758-7415	
		Box 8. Claim Number (Use this number if you need to contact SSA.)	

CUI338029-11981338429

CUI338029-11981338429

a Employee's social security number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 63-1132622		1 Wages, tips, other compensation 750.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code Cornerstone Word of Life Church 132 Maple Street Madison, AL 35758		3 Social security wages 750.00		4 Social security tax withheld 31.50	
		5 Medicare wages and tips 750.00		6 Medicare tax withheld 10.89	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code Opal D Crews 308 Dublin Circle Madison, AL 35758		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number AL 334776		16 State wages, tips, etc. 750.00		17 State income tax	
		18 Local wages, tips, etc.		19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2011

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
FAST! Use



Received & Inspected

NOV 27 2012

FCC Mail Room

**Opal Crews Word of Life  
308 Dublin Circle  
Madison, AL 35758**

September 20, 2012

Office of the Secretary  
Federal Communications Commission  
Attention: Disability Rights Office, Room 3-B431  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: Case Identifier CGB-CC-0876**

To Whom It May Concern:

Please consider this a formal petition for exemption of the Closed Captioning rules as set by the FCC, for Opal Crews Word Of Life weekly half hour religious program. Along with other exempt organizations, this is a locally produced non-news program with no repeat value. Closed Captioning would cause an undue burden to us because of the cost of closed captioning would exceed the cost of producing the program, as evidenced on invoices provided, showing the rate paid to air this program on WAMY-My 8. If required to close caption this program, the program would have to cease production. This is a bible teaching program that is produced by an individual and does not ask for or solicit donations from its audience. I have been airing this program on Tuesday mornings at 6am with WAMY since 2005. My viewers have to come expect the message of hope and new beginnings. There is not an operating budget to purchase closed captioning equipment or labor expenses associated with Closed Captioning.

My program is a labor of love and my way to give back to the community.

With respect,



Mrs. Opal Crews

*Sent 10/04/12*

## Karen Queeney Farrell

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**From:** MICHAEL MORNS [michael.morns@aamu.edu]  
**Sent:** Thursday, October 04, 2012 4:33 PM  
**To:** Karen Queeney Farrell  
**Subject:** RE: Closed Caption

Karen

Using state-of-the-art non-linear system, We can provide fast turn around and high quality CLOSE CAPTION at a cost of 100.00 for 28:30 and 200.00 for 58:30.

For More Information, please contact me at 256-508-1537  
or email me  
[michael.morns@aamu.edu](mailto:michael.morns@aamu.edu)

*Local Estimate*



## DUPLICATE INVOICE

**WAMY**  
**1309 N. Memorial Parkway**  
**Huntsville, AL 35801**  
**Main: (256) 533-5454**  
**Billing:**

Invoice #	Invoice Date	Invoice Month	Invoice Period
73814-4	04/30/12	April 2012	04/01/12 - 04/30/12

Station	Account Executive	Sales Office	Sales Region
WAMY	Karen Farrell	Huntsville Local	Local

Advertiser	Product	Estimate Number
Opal Crews	2012 Paid Program	

Billing Address:

**Opal Crews**  
**Attention: Accounts Payable**  
**P.O. Box 1985**  
**Huntsville, AL 35807**

Flight Dates	Order #	Alt Order #
01/02/12 - 12/30/12	73814	

Billing Calendar	Billing Type
Calendar	Cash

Special Handling

IDB #	Advertiser Code	Product Code

Agency Ref	Advertiser Ref

End Payment To:

**WAMY**  
**1309 N. Memorial Parkway**  
**Huntsville, AL 35801**

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type
1	01/02/12	12/30/12	Paid Tuesday-6:00a-6:30a	Paid Tuesday 6:00a-6:30a	-T-----	28:30	1	\$100.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/02/12	04/08/12	-T-----	1	\$100.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
14 WAMY	Tu	04/03/12	6:00 AM	Paid Tuesday-6:00a-6:30a	Paid Tuesday 6:00a-6:30a	28:30	Prog. # 2012-214	\$100.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/09/12	04/15/12	-T-----	1	\$100.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
15 WAMY	Tu	04/10/12	6:00 AM	Paid Tuesday-6:00a-6:30a	Paid Tuesday 6:00a-6:30a	28:30	words/Life-2012-213	\$100.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/16/12	04/22/12	-T-----	1	\$100.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
16 WAMY	Tu	04/17/12	6:00 AM	Paid Tuesday-6:00a-6:30a	Paid Tuesday 6:00a-6:30a	28:30	Prog. # 2012-214	\$100.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/23/12	04/29/12	-T-----	1	\$100.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
17 WAMY	Tu	04/24/12	6:00 AM	Paid Tuesday-6:00a-6:30a	Paid Tuesday 6:00a-6:30a	28:30	#2012-215	\$100.00	NM
4	01/16/12	12/30/12	Paid Sat 4:30xm-5:00xm	Paid Sat 4:30xm-5:00xm	-----S-	28:30	1	\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/02/12	04/08/12	-----S-	1	\$0.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
12 WAMY	Sa	04/07/12	6:30 AM	Paid M-Su 6:30a-7:00a	Paid M-Su 6:30a-7:00a	28:30	Prog. # 2012-214	\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/09/12	04/15/12	-----S-	1	\$0.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
13 WAMY	Sa	04/14/12	6:00 AM	Paid M-Su 6:00a-6:30a	Paid M-Su 6:00a-6:30a	28:30	words/Life-2012-213	\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/16/12	04/22/12	-----S-	1	\$0.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
14 WAMY	Sa	04/21/12	6:30 AM	Paid M-Su 6:30a-7:00a	Paid M-Su 6:30a-7:00a	28:30	Prog. # 2012-214	\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>				
	04/23/12	04/29/12	-----S-	1	\$0.00				
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
15 WAMY	Sa	04/28/12	6:30 AM	Paid M-Su 6:30a-7:00a	Paid M-Su 6:30a-7:00a	28:30	#2012-215	\$0.00	NM

We warrant that the actual broadcast information shown on this invoice was taken from the program log.

ANY DISCREPANCIES OR SHORT PAYS WILL NOT BE ALLOWED UNLESS ACCOMPANIED WITH A DETAILED WRITTEN EXPLANATION WITHIN 60 DAYS FROM INVOICE DATE.

# INVOICE

Send Payment To:

**WAMY**  
**1309 N. Memorial Parkway**  
**Huntsville, AL 35801**

Invoice #	Invoice Date	Invoice Month	Invoice Period
73814-4	04/30/12	April 2012	04/01/12 - 04/30/12

Advertiser	Product	Estimate Number
Opal Crews	2012 Paid Program	

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/Week	Rate	Type
5	01/09/12	12/30/12	Paid M-Su-6:00a-6:30a	Paid M-Su 6:00a-6:	--1----	28:30	1	\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>				<u>Spots/Week</u>	<u>Rate</u>	
	04/02/12	04/08/12	--1----				1	\$0.00	
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
13 WAMYW	04/04/12	6:00 AM	Paid M-Su-6:00a-6:30a	Paid M-Su 6:00a-6:	28:30	Prog. # 2012-214		\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>				<u>Spots/Week</u>	<u>Rate</u>	
	04/09/12	04/15/12	--1----				1	\$0.00	
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
14 WAMYW	04/11/12	6:00 AM	Paid M-Su-6:00a-6:30a	Paid M-Su 6:00a-6:	28:30	words/Life-2012-213		\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>				<u>Spots/Week</u>	<u>Rate</u>	
	04/16/12	04/22/12	--1----				1	\$0.00	
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
15 WAMYW	04/18/12	6:00 AM	Paid M-Su-6:00a-6:30a	Paid M-Su 6:00a-6:	28:30	Prog. # 2012-214		\$0.00	NM
Weeks:	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>				<u>Spots/Week</u>	<u>Rate</u>	
	04/23/12	04/29/12	--1----				1	\$0.00	
Spots: # Ch	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
16 WAMYW	04/25/12	6:00 AM	Paid M-Su-6:00a-6:30a	Paid M-Su 6:00a-6:	28:30	#2012-215		\$0.00	NM
							<b>Total Spots</b>	<b>12</b>	
							<b>Net Total</b>	<b>\$400.00</b>	

**ayment Terms 30 Days**